

MAY 16 2000

K000623  
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**PREMARKET NOTIFICATION SUMMARY**

**Submitted by:** IVF Science Scandinavia  
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SE-412 63 Gothenberg  
SWEDEN

**Contact Person:** Mr. Eiler Anderson  
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**Date Prepared:** April 16, 1999

**Trade Name:** FREEZE-KIT 1™

**Common Name:** Assisted Reproduction Media

**Classification Name:** Reproductive Media and Supplements  
(21 C.F.R. § 884.6180)

**Predicate Device:** Substantial equivalence established by comparison to category of Reproductive Media (21 C.F.R. § 884.6180) as provided in the FDA's Notice of Final Rule, 63 Fed. Reg. 48428 (Sept. 10, 1998).

**Description of the Device:**

FREEZE-KIT 1™ consists of three media for the cryo-preservation of cleavage-stage embryos. The media consist of a phosphate buffer solution supplemented with 1,2 Propanediol as a permeating cryo-protectant and sucrose as a non-permeating cryo-protectant. The FREEZE-KIT 1™ media includes pharmaceutical infusion-grade human serum albumin, and Penicillin-G as a preservative. Ready-to-use after equilibration at +20°C.

**Intended Use:**

Freezing of cleavage-stage embryos.

**Technological Characteristics:**

The technological characteristics of FREEZE-KIT 1™ are identical to other legally marketed cryo-preservation media classified under 21 C.F.R. § 884.6180, Reproductive Media and Supplements.

**Testing Performed:**

Prior to and as a condition for market release, each lot of each media included in FREEZE-KIT 1™ is assayed by Limulus Amebocyte Lysate (LAL) Assay. The assay is intended to assure that the media is suitable for its intended use and does not contain unacceptable levels of toxins. Information on the assay is provided on the label and in labeling of the products, and on a LOT-specific Certificate of Analysis provided with each delivery.

The pH and osmolality of each LOT of each media included in FREEZE-KIT 1™ is also tested prior to release. These tests are conducted according to guidelines issued by the United States Pharmacopoeia and the European Pharmacopoeia. Information on these tests is provided on the LOT-specific Certificate of Analysis provided with each delivery.

FREEZE-KIT 1™ has been used for cryo-preservation procedures for many years at many different assisted reproduction facilities. Clinical experience during that time has established its safety and effectiveness for such use.

**Additional Information**

The human serum albumin (HSA) used in the FREEZE-KIT 1™ is tested for HBV, HCV and HIV. Donors of the HSA source material have been screened for CJD.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

MAY 16 2000

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

IVF Science Scandinavia  
c/o Mr. Gary L. Yingling  
McKenna & Cuneo, L.L.P.  
1900 K Street, N.W.  
Washington, DC 20006-1108

Re: K000623  
FREEZE-KIT 1™ (cryo preservation media)  
Dated: April 20, 2000  
Received: April 24, 2000  
Regulatory Class: II  
21 CFR §884.6180/Procode: 85 MQL

Dear Mr. Yingling:

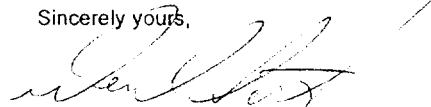
We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for *in vitro* diagnostic devices), please contact the Office of Compliance at (301) 594-4591. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "<http://www.fda.gov/cdrh/dsma/dsmamain.html>".

Sincerely yours,



Daniel G. Schultz, M.D.  
Captain, USPHS  
Director, Division of Reproductive,  
Abdominal, and Radiological Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure(s)

**INDICATIONS FOR USE STATEMENT**

**510(k) Number:**

**K000623**

**Device Name:**

**FREEZE-KIT 1™**

**Indications For Use:**

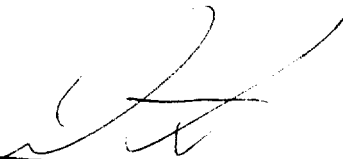
**For freezing of cleavage-stage embryos.**

**(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED.)**  
Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use ✓  
(Per 21 C.F.R. § 801.109)

OR

Over-the-Counter Use \_\_\_\_\_

  
\_\_\_\_\_  
(Division Sign-off)  
Division of Reproductive, Abdominal, ENT,  
and Radiological Devices

510(k) Number K000623